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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *mgb*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *mgb*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	OH	4	20	1
Verified and Acknowledged	<i>mgb</i> Allowance Examiner's Signature Initials				

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## TITLE

Tampon with diverse surface areas

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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